

2012 BENJAMIN FRANKLIN TRANSATLANTIC FELLOWS INITIATIVE STUDENT APPLICATION

DEADLINE: Wednesday February 15, 2012 – 6PM

Please confirm that you will be available on the Institute's dates. The program will **last for three to four weeks from late June or early July.**

	Age Range	Dates	Check if available
	16-18	June-July (To be determined)	
STUDENT 1	Information		
Name (Exactly as	it appears in your	passport)	
Home addr	ess	City	
Home telep	1	Cellular Pho	ne:
Email Date of birth	Age	e Male Female	
de	ay/month/year		
Place of bir		Country of citizenship	
	city and cou	intry	
School In	NFORMATION		
School you o	currently attend		Course:
	street	city	ZIP code
Principal's na	ame:		
HAVE YOU EV	VER LIVED AND/OR	STUDIED ANYWHERE OUTSIDE OF YOUR	R COUNTRY? YES/NO
If yes, please	e provide a brief de	scription including dates and locations.	

LANGUAGES

- English The following are acceptable as proof of your English competency. Please check whichever applies:
 - Official school transcript or certificate Minimum grade acceptable is A
 - Escuela Oficial de Idiomas' certificate Minimum grade acceptable is A or equivalent (i.e. C1)
 - Language academy certificate Minimum grade acceptable is A or equivalent (i.e. C1)

Language accurry cor	various same acceptus	200 12 17 07 04 01 (
List other languages besides your native language and English:					
Language	N	Number of years studied			
Language	N	Number of years studied			
BACKGROUND INFORMATI attach another sheet of paper)	ON (Take as much room as you	need to write your answers. If necessary,			
Please list and comment on in.	any community service and vo	lunteerism projects you are involved			
		and what will you contribute to the enefit you or your community?			

TERNATIONAL TRAVEL INFOR ocess now)	MATION (if)	vou do not have a passport	t, please begin the applic
D 1 1:1 40	TT /3T		
Do you have a valid passport?	Yes / No	Passport Number	
Country that issued passport	Yes / No	Passport Number Expiration Date	
	Yes / No	-	
		-	
Country that issued passport		-	
Country that issued passport NFORMATION ON PARENTS OR Orient/Guardian 1 Name	Guardians	Expiration Date	. ,
Country that issued passport IFORMATION ON PARENTS OR Orent/Guardian 1 Name last		Expiration Date	ion to you
Country that issued passport IFORMATION ON PARENTS OR Orent/Guardian 1 Name last	Guardians	Expiration Date	ion to you ZIP code
Country that issued passport IFORMATION ON PARENTS OR Or crent/Guardian 1 Name Iast Address street	Guardians	Expiration Date	
Country that issued passport IFORMATION ON PARENTS OR Orent/Guardian 1 Name last Address street Telephone/E-mail rent/Guardian 2	Guardians	Expiration Date	
Country that issued passport FORMATION ON PARENTS OR Orent/Guardian 1 Name last Address street Telephone/E-mail rent/Guardian 2 Name last	Guardians	Expiration Date relate city	
Country that issued passport NFORMATION ON PARENTS OR	GUARDIANS	Expiration Date relate city	ZIP code

APPLICATION ESSAY

On a separate piece of paper, respond to the following essay question. Please answer in clear and concise English. Essay should be typed and **NOT** hand-written. Although we will be evaluating your English

skills, we are most interested in your ideas. Please limit your statement to a maximum of two pages or 500 words.

What do you consider the greatest needs of your community and what can you do to contribute to making it better?

CHECKLIST

To complete this application, please include:

- 1. At least one letter of recommendation from teachers, school principal, or community leaders.
- 2. Parent or guardian approval (signature below)
- Official School Transcript (minimum Grade Point Average: B) 3.
- English language certificate issued by your school, "Escuela Oficial de Idiomas" or academy 4. showing a minimum grade of "A" or equivalent (i.e. C1¹)

APPLICATIONS MAY BE FAXED, MAILED, DELIVERED, OR E-MAILED TO:

Cultural Affairs Office Embassy of the United States of America Serrano, 75 - 28006 Madrid Fax: 91-576 8464

E-Mail: embusacultural@state.gov

PLEASE SIGN BELOW TO VERIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND TO EXPRESS YOUR AGREEMENT TO PARTICIPATE IN ALL ACTIVITIES OF THE PROGRAM, INCLUDING ANY ACTIVITIES IN YOUR HOME COUNTRY BEFORE AND AFTER THE U.S. INSTITUTE.

(applicant)	(parent)

4

¹ Common European Framework of Reference for Languages - CEFR